



DEPARTMENT OF
INTELLECTUAL AND
DEVELOPMENTAL DISABILITIES

AUTHORIZATION FOR RELEASE OF INFORMATION

DATE

SS#

DOB

EMPLOYEE NAME (FIRST, MIDDLE, LAST)

PREVIOUSLY USED NAMES (NICKNAMES, MAIDEN NAME, ETC.)

DRIVER'S LICENSE #

STATE ISSUED

I, _____ hereby authorize the Department of Intellectual and Developmental Disabilities (DIDD) and/or its agents to make investigation of my background, references, character, past employment, consumer credit reports, education, credentials and criminal history from any state, federal or local governmental sources, or private sources, including persons, companies or organizations, including review of records maintained by public and private organizations, and obtaining other information which may be material to my qualifications and/or suitability for employment by or work for DIDD, for the purpose of confirming that the information contained in my application, resume, CV and any supporting documents is true and accurate. A facsimile (fax) or photocopy of this authorization shall be considered as valid as the original.

I also agree to execute, as a condition of employment or as a condition of continued employment, any additional written authorizations or releases necessary for DIDD to obtain access to and copies of records pertaining to my application. I hereby release DIDD, its employees and agents, any person, company or entity providing information about me from any and all liability and/or causes of action of any nature or kind for obtaining and/or supplying to DIDD information it may request concerning me or my background.

I understand that any false answers or statements, or misrepresentations by omission, made by me on my application or any related document, will be sufficient for grounds for denial of employment by, or work for, DIDD, or for my immediate discharge should falsifications or misrepresentations be discovered after I begin work for DIDD.

EMPLOYEE SIGNATURE

DATE

WITNESS

DATE